

JCS39 U.S. PTO  
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PTO/SB/05 (2/98)

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. TSRI 409.1D2

First Inventor or Application Identifier Barbas, et. al.

Title METHODS FOR PRODUCING ANTIBODY LIBRARIES...

Express Mail Label No. EL193834634US

**APPLICATION ELEMENTS**  
See MPEP chapter 600 concerning utility patent application contents.

1.  \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2.  Specification [Total Pages 130]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3.  Drawing(s) (35 U.S.C. 113) [Total Sheets 2]
4. Oath or Declaration [Total Pages 2]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 17 completed)  
*[Note Box 5 below]*
    - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).
5.  Incorporation By Reference (useable if Box 4b is checked)  
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No: 08 , 931, 645

Prior application information: Examiner M. Tung Group / Art Unit: 1644

**18. CORRESPONDENCE ADDRESS**

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|--|--|-----------|----------------|----------|----------------|---|
| <input type="checkbox"/> Customer Number or Bar Code Label | (Insert Customer No. or Attach bar code label here)  |           |                |          |                | <input type="checkbox"/> Correspondence address below |
| Name   | Thomas E. Northrup<br>THE SCRIPPS RESEARCH INSTITUTE |           |                |          |                |   |
| Address  | 10550 North Torrey Pines Road,<br>Mail Drop: TPC-8   |           |                |          |                |   |
| City   | La Jolla   | State     | CA             | Zip Code | 92037          |   |
| Country  | US   | Telephone | (619) 784-2937 | Fax      | (619) 784-9399 |   |

|                   |                           |                                   |              |
|-------------------|---------------------------|-----------------------------------|--------------|
| Name (Print/Type) | Thomas E. Northrup        | Registration No. (Attorney/Agent) | 33,268       |
| Signature         | <i>Thomas E. Northrup</i> | Date                              | July 5, 2000 |

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# FEE TRANSMITTAL

## for FY 2000

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 894.00)

*Complete if Known*

|                      |                |
|----------------------|----------------|
| Application Number   |                |
| Filing Date          | July 5, 2000   |
| First Named Inventor | Barbas, et al. |
| Examiner Name        |                |
| Group / Art Unit     |                |
| Attorney Docket No.  | TSRI 409.1D2   |

| METHOD OF PAYMENT (check one)  |                           | FEE CALCULATION (continued)       |                            |  |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
|--|---------------------------|-----------------------------------|----------------------------|--|----------------|----------------------------|----------|-----------------|----------|----------------|-----|--------------------|-----|------------------------|-----|--------------------|-----|-----|-----|-----------------------------------|--|-----|-----|-----|-----|---------------------------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|----|--|--|--|--|--|--|-------------------|--------|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:  |                           | 3. ADDITIONAL FEES                |                            |  |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
| Deposit Account Number   | 19-0962                   | Large Entity Fee Code (\$)        | Small Entity Fee Code (\$) |  |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
| Deposit Account Name   |                           | Fee                               | Fee                        |  |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
|  |                           | Code (\$)                         | Code (\$)                  |  |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
|  |                           | Fee Description                   | Fee Description            |  |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
|  |                           |                                   |                            |  |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
|  |                           | Fee Paid                          | Fee Paid                   |  |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
| 2. <input checked="" type="checkbox"/> Payment Enclosed:   |                           |                                   |                            |  |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |                           |                                   |                            |  |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
| FEE CALCULATION  |                           |                                   |                            |  |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
| 1. BASIC FILING FEE  |                           |                                   |                            |  |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
| <table border="1"> <thead> <tr> <th colspan="2">Large Entity Fee Code (\$)</th> <th colspan="2">Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>690</td> <td>201</td> <td>345</td> <td>Utility filing fee</td> <td>690</td> </tr> <tr> <td>106</td> <td>310</td> <td>206</td> <td>155</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>480</td> <td>207</td> <td>240</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>690</td> <td>208</td> <td>345</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>150</td> <td>214</td> <td>75</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td>SUBTOTAL (1) (\$)</td> <td>690.00</td> </tr> </tbody> </table>  |                           |                                   |                            | Large Entity Fee Code (\$)                                 |                | Small Entity Fee Code (\$) |          | Fee Description | Fee Paid | 101            | 690 | 201                | 345 | Utility filing fee     | 690 | 106                | 310 | 206 | 155 | Design filing fee                 |  | 107 | 480 | 207 | 240 | Plant filing fee                      |  | 108 | 690 | 208 | 345 | Reissue filing fee                                 |  | 114 | 150 | 214 | 75 | Provisional filing fee                                     |  |  |  |  |  | SUBTOTAL (1) (\$) | 690.00 |
| Large Entity Fee Code (\$)   |                           | Small Entity Fee Code (\$)        |                            | Fee Description  | Fee Paid       |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
| 101  | 690                       | 201                               | 345                        | Utility filing fee   | 690            |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
| 106  | 310                       | 206                               | 155                        | Design filing fee  |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
| 107  | 480                       | 207                               | 240                        | Plant filing fee   |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
| 108  | 690                       | 208                               | 345                        | Reissue filing fee   |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
| 114  | 150                       | 214                               | 75                         | Provisional filing fee                                     |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
|  |                           |                                   |                            | SUBTOTAL (1) (\$)  | 690.00         |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
| 2. EXTRA CLAIM FEES  |                           |                                   |                            |  |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
| <table border="1"> <thead> <tr> <th colspan="2">Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>27</td> <td>-20** = 7 X 18</td> <td>126</td> </tr> <tr> <td>Independent Claims</td> <td>4</td> <td>-3** = 1 X 78</td> <td>78</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"></td> <td></td> <td></td> </tr> </tbody> </table>  |                           |                                   |                            | Extra Claims   |                | Fee from below             | Fee Paid | Total Claims    | 27       | -20** = 7 X 18 | 126 | Independent Claims | 4   | -3** = 1 X 78          | 78  | Multiple Dependent |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
| Extra Claims   |                           | Fee from below                    | Fee Paid                   |  |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
| Total Claims   | 27                        | -20** = 7 X 18                    | 126                        |  |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
| Independent Claims   | 4                         | -3** = 1 X 78                     | 78                         |  |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
| Multiple Dependent   |                           |                                   |                            |  |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
|  |                           |                                   |                            |  |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
| **or number previously paid, if greater; For Reissues, see below   |                           |                                   |                            |  |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
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| Large Entity Fee Code (\$)   |                           | Small Entity Fee Code (\$)        |                            | Fee Description  | Fee Paid       |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
| 103  | 18                        | 203                               | 9                          | Claims in excess of 20                                     |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
| 102  | 78                        | 202                               | 39                         | Independent claims in excess of 3                          |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
| 104  | 260                       | 204                               | 130                        | Multiple dependent claim, if not paid                      |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
| 109  | 78                        | 209                               | 39                         | ** Reissue independent claims over original patent         |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
| 110  | 18                        | 210                               | 9                          | ** Reissue claims in excess of 20 and over original patent |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
|  |                           |                                   |                            | SUBTOTAL (2) (\$)  | 204.00         |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
|  |                           |                                   |                            | SUBTOTAL (3) (\$)  |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
|  |                           |                                   |                            | Reduced by Basic Filing Fee Paid                           |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
| <i>Complete if applicable</i>  |                           |                                   |                            |  |                |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
| Name (Print/Type)  | Thomas E. Northrup        | Registration No. (Attorney/Agent) | 33,268                     | Telephone  | (858) 784-2937 |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |
| Signature  | <i>Thomas E. Northrup</i> |                                   |                            | Date   | July 5, 2000   |                            |          |                 |          |                |     |                    |     |                        |     |                    |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |  |  |  |  |                   |        |

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PATENT  
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this UTILITY PATENT APPLICATION TRANSMITTAL and the documents referred to as enclosed therein are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service Mail Label No. EL193834634US under 37 CFR 1.10 on the date indicated below and is addressed to: Box Patent Application, Assistant Commissioner for Patents, Washington, D.C. 20231.

*Thomas E. Northrup*  
Thomas E. Northrup, Reg. No. 33,268

*7-5-2000*

Date of Deposit

|                              |   |                            |
|------------------------------|---|----------------------------|
| Applicant: Barbas, et al.    | ) |                            |
|                              | ) |                            |
| Serial No.: Unassigned       | ) | Group Art Unit: Unassigned |
|                              | ) |                            |
| Filed: July 5, 2000          | ) | Examiner: Unassigned       |
|                              | ) |                            |
| Title: METHODS FOR PRODUCING | ) |                            |
| ANTIBODY LIBRARIES USING     | ) |                            |
| UNIVERSAL OR RANDOMIZED      | ) |                            |
| IMMUNOGLOBULIN LIGHT CHAINS  | ) | Our Ref.: TSRI 409.1D2     |
|                              | ) |                            |